

PSYCHOLOGICAL FIRST AID: A PRE-EMINENT SUPPORT SYSTEM FOR LIFE

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ABSTRACT

With recent modifications for disaster responders, psychological first aid (PFA) has emerged as the preeminent early intervention for catastrophe survivors in the calamities seen world-wide. PFA is incorporated into recommendations for mental health and psychosocial care in disasters and extreme events and is largely supported by professional opinion. PFA frameworks are becoming more and more common, with a growing number of models being created for use with an expanding range of target groups by a variety of providers. Recent independent assessments of PFA have brought attention to this crucial gap in the evidence despite its popularity and marketing. This commentary contrasts the widespread use of PFA with the urgent need to establish proof of its efficacy and offers a number of strategies to prioritise and hasten real-time, on-the-ground field assessment.

Keywords: First aid for mental health, first aid for stress, early detection, the five pillars, proof, and assessment

INTRODUCTION

An evidence-based¹ modular strategy called psychological first aid can assist kids, teenagers, adults, and families in the immediate wake of a tragedy or terrorist attack. The goal of psychological first aid is to encourage both short- and long-term adaptive functioning and coping while easing the immediate discomfort brought on by traumatic experiences.

Four fundamental criteria are met by psychological first aid principles and methods.

- Research evidence on risk and resilience after trauma supports this,
- Applicable to and useful in outdoor environments
- Appropriate for all life-span developmental stages
- Shaped by culture and given in a flexible manner

It is not a presumption of Psychological First Aid that all survivors would have serious mental illness or persistent difficulties with recovery. Instead, it is founded on the knowledge that people who survive disasters and those who are touched by them will go through a wide variety of early reactions (such as physical, psychological, behavioral, and spiritual). Some of these reactions will be distressing enough to prevent adaptive coping, and assistance from sympathetic and sympathetic disaster responders may aid in recovery.

In the event of a tragedy or act of terrorism, psychological first-aid intervention tactics are meant to be used with children, adolescents, parents/caregivers, families, and adults. First responders and other disaster relief staff can receive psychological first aid as well.

As part of a coordinated disaster response effort, psychological first aid is intended to be administered by mental health and other disaster response professionals who offer early support to impacted children, families, and adults. These professionals could be incorporated into a range of response units, such as first responder teams, incident command systems, primary and emergency healthcare, school crisis response teams, faith-based organizations, Emergency Response Teams (CERT), Medical Community Reserve Corps, the Citizens Corps, and other disaster relief organizations. Psychological First Aid is a supportive intervention that may be used in the early aftermath of natural catastrophes and terrorist attacks. The administration of psychological first aid can take place anywhere. In general population shelters, special needs shelters, field hospitals, and medical triage areas, acute care facilities (for example, Emergency Departments), staging areas or respite centers for first responders or other relief workers, emergency operations centers, crisis hotlines or phone banks, feeding locations, disaster

assistance service centers and family reception centers, mental health and other disaster response professionals may be called upon to provide Psychological First Aid. In order to quickly assess the immediate needs and concerns of survivors and to apply supportive activities in a flexible way, carers using psychological first aid might benefit from learning certain fundamental information-gathering skills. In order to give effective psychological first aid, a range of catastrophe contexts might use field-tested, evidence-based procedures. The focus of psychological first aid is on therapies that are age- and culture-appropriate for survivors of all backgrounds and ages. During the process of rehabilitation, families, adults, and children can use the handouts included in Psychological First Aid, which provide crucial information.

OBJECTIVES OF PSYCHOLOGICAL FIRST AID

- Develop a non-intrusive, empathetic human relationship.
- Improve continuing and immediate safety; offer psychological and bodily comfort.
- Assist emotionally upset or overwhelmed survivors by calming them down.

Help survivors express their urgent needs and concerns to you in detail. Collect further information as needed.

- Provide relevant advice and support to assist survivors in addressing their immediate needs and worries.
- As quickly as feasible, connect survivors with social support systems, such as their family, friends, neighbors, and community-based assistance programs.

Supporting adaptive coping, recognizing coping efforts and successes, and empowering survivors; enlisting the help of adults, kids, and families in the rehabilitation process.

- Disseminate knowledge that might assist survivors in overcoming the psychological effects of calamities.
- Be forthcoming with your availability, and (if necessary) connect the survivor with another member of the disaster response team or to regional rehabilitation programs, mental health services, public-sector agencies, and organizations.

IMPLEMENTING PSYCHOLOGICAL FIRST AID

PROFESSIONAL CONDUCT

- Operate only inside a catastrophe response system that has been granted authorization.
- Set a good example by being composed, polite, organised, and supportive.

- Be accessible and out there.
- Maintain your privacy as necessary.
- Stay within the parameters of your area of expertise and assigned function.
- When the survivor need or requests further knowledge, make the proper recommendations.
- Be aware of issues of diversity and culture and show sensitivity to them.
- Self-care is being aware of your own emotional and physical responses.

HOW TO PROVIDE PSYCHOLOGICAL FIRST AID: GUIDELINES

- First, observe politely; don't interject. After that, make a polite, courteous inquiry to find out how you might assist.
- The greatest approach to get in touch is frequently to offer tangible aid (food, drink, and blankets).
- Contact should only be started after you've observed the circumstance and the individual or family in question and are certain that contact won't be intrusive or disruptive.
- You should expect that survivors will either shun you or make a lot of contact with you.
- Be composed while you speak. Be understanding, receptive, and patient.
- Speak slowly and in plain, everyday language; avoid acronyms and jargon.
- Prepare yourself to listen if survivors wish to speak. When you are listening, pay attention to what they are trying to tell you and how you might help.
- Recognize the good aspects of the survivor's safety precautions.
- Give information that specifically relates to the survivor's current objectives and provide as many times as necessary for clarification.
- Provide your audience with factual, age-appropriate information.
- When speaking with someone via a translation or interpreter, make sure to look and speak to them directly rather than the translator or interpreter.
- Keep in mind that psychological first aid's objectives are to alleviate distress, provide immediate needs, and foster adaptive functioning, not to extract specifics of past events.

SEVERAL ACTIONS TO AVOID

- Do not assume that survivors know what they are going through or are experiencing.
- Don't assume that anybody who witnesses a calamity will experience trauma.
- Avoid pathologizing. Given what those who were exposed to the calamity have gone through, the majority of acute reactions are both comprehensible and expected. Never refer to responses as "symptoms," "diagnoses," "conditions," "pathologies," or "disorders."
- Don't belittle or patronize the survivor, or draw attention to his or her frailties, errors, or incapacity. Instead, concentrate on what the individual has accomplished that has helped others in need both during the tragedy and in the present.
- Do not presume that all survivors need or want to communicate.

WORKING WITH KIDS AND TEENAGERS

- Sit or stoop at the child's eye level while dealing with small youngsters.
- Help school-age children express their emotions, worries, and inquiries by giving them easy names for typical emotional responses (such as angry, sad, terrified, or anxious). Avoid using strong adjectives like "terrified" or "horrified" as they could make them feel worse.
- Make sure you understand the youngster by listening intently and asking questions.
- Be mindful that a child's behaviour or linguistic use may regress in terms of development.
- Adapt your language to the child's stage of development. Children who are younger often have a less developed comprehension of abstract ideas like "death." As much as you can, speak plainly and simply.
- Talk to teenagers "adult to adult" to convey that you appreciate their feelings, worries, and opinions.
- To assist the child's parents or carers provide adequate emotional support, reiterate these approaches with them.

WORKING WITH SENIOR CITIZENS

- Elderly people possess both strengths and disadvantages. Over the course of a lifetime of overcoming obstacles, many older persons have developed efficient coping mechanisms.
- Speak loudly and clearly while maintaining a low tone for people who might have hearing issues.
- Don't assume, for instance, that an elderly person who appears confused has permanent memory, reasoning, or judgment issues based just on their age or physical appearance. Disaster-related disorientation brought on by a change in circumstances, impaired eyesight or hearing, inadequate nourishment or dehydration, sleep deprivation, a medical condition or issues with medications, social isolation, and feeling powerless or defenseless are a few causes of seeming bewilderment.

WORKING WITH DISABLED SURVIVORS

- Try to assist when necessary at a place with low stimulus or noise.
- If possible, speak to the person personally rather than the carer.
- Is challenging.
- Speak clearly and slowly if your ability to communicate (hearing, memory, or speaking) looks hindered.
- Even if the handicap is not apparent to you or is one you are not acquainted with, you should believe the individual who says they have it.
- When you're not sure how to assist, ask, "What can I do to help?" and believe what they say.
- Whenever feasible, make the person capable of supporting himself.
- Offer your arm to a person who is blind or visually impaired so they can get around in strange places.
- If necessary, offer to take notes and make arrangements for the recipient to get notifications in writing.
- Keep all necessary assistance nearby, including wheelchairs, oxygen tanks, breathing equipment, and prescriptions.

GETTING READY TO PROVIDE PSYCHOLOGICAL FIRST AID

The Psychological First Aid giver must be aware about the nature of the incident, the present situation, and the types and availability of relief and support resources in order to be of aid to disaster-affected populations.

In order to be a successful giver of psychological first aid, planning and preparation are crucial. Working in disaster relief requires current training in disaster mental health as well as familiarity with your incident command system. Working with unique groups, children, elderly people, and adults requires more in-depth understanding. You should think about your degree of comfort with this sort of job, your present health, your family and work situation, and be ready to engage in adequate self-care before considering whether to participate in disaster response.

ENTERING THE ENVIRONMENT

When a disaster response professional enters an emergency management environment in the wake of a disaster, psychological first aid is initiated. Working inside a recognised Incident Command System (ICS) with well defined responsibilities and decision-making is necessary for successful entrance.

It is crucial to establish communication and coordinate all operations with the authorised individuals or groups in charge of the environment. A successful admission also entails understanding as much as you can about the environment, such as the leadership, structure, rules and procedures, security, and support services that are offered. You must have precise knowledge of what will occur, what services are offered, and where to find them. Given that gathering this data is typically essential to lowering distress and fostering adaptive coping, it must be done as quickly as feasible.

OFFERING SERVICES

Psychological First Aid may be offered in certain locations in various contexts. In other situations, staff members could roam the building looking for people who might require assistance. Pay close attention to how individuals are behaving and engaging in the environment.

Those displaying acute distress symptoms, such as those who are:

- Disoriented
- Confused
- Anxious or frantic

- Continuing with providing services
- Panicky
- Extreme apathy, withdrawal, or "shut down"
- Incredibly agitated or furious
- Extremely concerned

KEEP A CALM ATMOSPHERE

People take cues from other people's reactions. You may make survivors feel that they can rely on you by seeming composed and rational. Even if they don't feel peaceful, safe, effective, or hopeful, others could take your example and stay focused. Providers of psychological first aid frequently act as role models for the sense of hope that survivors sometimes struggle to have while still having to deal with what happened and their immediate worries.

BE CULTURALLY AND RACIAL DIVERSITY SENSITIVE

The diversity of culture, ethnicity, religion, race, and language must be taken into consideration by those who provide psychological first aid. You should be conscious of your own beliefs and prejudices and how they may align with or diverge from those of the community you are serving, whether you are doing outreach or delivering services. This awareness can be made easier by training in cultural competency. Helping survivors deal with the effects of a tragedy requires helping to retain or reconstruct customs, traditions, rituals, family structure, gender roles, and social ties. Information about the neighborhood being served, such as the way feelings and other psychological responses are with the help of community cultural leaders who best represent and comprehend the expressed attitudes towards government agencies and receptivity to counseling'

CONCLUSION

There are troubling doubts regarding PFA's efficacy as a result of its extensive acceptance and mostly unthinking adoption as the favored strategy for early intervention after a tragedy. The objectives of PFA are generally accepted to include minimizing acute discomfort and maximizing short- and long-term functioning, while not being precisely operationalized. There is not much proof that PFA is successful in reaching these objectives. Researchers are currently working to bootstrap assessment methodologies to PFA models, which are quite difficult to test for effectiveness because they weren't designed with field evaluation in mind. It is now

necessary for the discipline to work together to create assessment methods that will examine certain uses and applications of this well-liked and possibly useful methodology. In the end, we must be able to show that the recovery paths of those impacted by trauma and tragedy are being improved.

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